

**WPE TRADITIONAL HMO/STANDARD PPP
PGM OPT P03 & SRCHG S01
2006 MONTHLY COVERAGE REPORT**

		Employer No. (EIN) 69-036-	Deduction Month	Coverage Month	Suffix
		Employer Name			Group No.
		Single Contracts		Family Contracts	
1. Contracts in Effect Last Month:					
2. Additions Report: (+)					
3. Deletions Report: (-)					
4. Changes Report: "To" (+)					
5. Changes Report "From": (-)					
6. Contracts in Effect This Month:					
7. Plan	Suffix				
Standard Plan – Dane PPP	.C1	832.90		2079.10	
Standard Plan – Milwaukee PPP	.C2	969.10		2419.70	
Standard Plan – Waukesha PPP	.C3	897.40		2240.50	
Standard Plan – Balance of State PPP	.C4	897.40		2240.50	
State Maintenance Plan (SMP)	.A5	666.10		1661.90	
CompicareBlue Southeast	.11	630.30		1572.30	
CompicareBlue Northwest	.13	702.30		1752.30	
Dean Health Plan	.15	399.50		995.30	
CompicareBlue – Aurora/Family	.16	586.10		1461.80	
Humana – Eastern	.21	597.80		1491.10	
Humana - Western	.22	642.00		1601.60	
GHC - Eau Claire	.30	588.10		1466.80	
GHC - South Central	.35	401.40		1000.10	
Gundersen Lutheran	.37	564.70		1408.30	
Unity – Community	.40	359.60		895.60	
WPS Prevea Health Plan	.47	509.90		1271.30	
Health Tradition	.55	532.50		1327.80	
Medical Associates HMO	.63	440.70		1098.30	
MercyCare Health Plan	.64	397.50		990.30	
Network Health Plan	.70	424.50		1057.80	
Physicians Plus – Meriter & UW	.74	384.30		957.30	
WPS Patient Choice Plan 1	.81	539.90		1346.30	
WPS Patient Choice Plan 2	.82	586.40		1462.60	
UnitedHealthcare – Southeast	.83	528.50		1317.80	
Unity - UW Health	.92	398.80		993.60	
UnitedHealthcare - Northeast	.94	445.90		1111.30	
8. Subtotals (No. of Contracts x Premiums)		8a		8b	
A. Employee Share =		<div> <div>**</div> <div>(Line 8a + Line 8b)</div> </div>			
B. Employer Share =		<div> <div>**</div> <div>9. Subtotal</div> </div>			
C. Total* (Lines A + B) =		<div> <div>**</div> <div>10. Adjustments</div> </div>			
		<div> <div>(Line 9 + Line 10)</div> <div>11. Grand Total*</div> </div>			

* NOTE: Figure entered on line C must equal figure entered on line 11.

** NOTE: Figure entered must correspond to this plan's entry on the summary.

Date (MM/DD/CCYY)	Prepared By	Telephone
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Check the type of employer contribution: ☐ Tiering ☐ 105%